

10/530648

JC13 Rec'd PCT/PTO 06 APR 2005

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**(Under 37 CFR 1.97(b) or 1.97(c))**

Docket No.

15959US

In Re Application Of: **NECCHI, Pietro**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
To be assigned	April 6, 2005	To be assigned	23676	To be assigned	To be assigned

Title: ANTI-THEFT CASE FOR MISCELLANEOUS ITEMS, PARTICULARLY FOR VIDEOCASSETTES, DVD, COMPACT DISKS, MUSICASSETTES AND THE LIKE

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☐ the fee set forth in 37 CFR 1.17(p).

10/530648

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(c))

13 Rec'd PCT/PTO 06 APR 2005

Docket No.
15959US

In Re Application: NECCHI, Pietro

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
To be assigned	April 6, 2005	To be assigned	23676	To be assigned	To be assigned

Title: **ANTI-THEFT CASE FOR MISCELLANEOUS ITEMS, PARTICULARLY FOR
VIDEOCASSETTES, DVD, COMPACT DISKS, MUSICASSETTES AND THE LIKE**

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 19-2090 as described below.
- ☐ Charge the amount of _____
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____) on _____

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Certificate

*This certificate may only be used if paying by deposit account.

David A. Farah

Signature

Dated: April 6, 2005

David A. Farah, M.D.

Reg. No. 38,134

SHELDON & MAK PC

225 South Lake Avenue, Suite 900

Pasadena, California 91101

Tel.: (626) 796-4000

Fax: (626) 795-6321

E-mail: davidf@usip.com

cc: A.Bre.Mar. S.r.L.

JC13 Rec'd PCT-PTO 06 APR 2005

PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	To be assigned
Filing Date	April 6, 2005
First Named Inventor	NECCHI, Pietro
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	15959US

U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.